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PHYMOSIS IN CHILDREN.

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BEDFORD, IND.

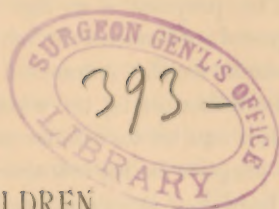


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PHYMOSIS IN CHILDREN.

BY J. T. FREELAND, M. D., BEDFORD, IND.

This is a very common affection and one to which little attention is generally paid although it is commonly productive of serious diseases both functional and organic.

I have been able to find but little literature on the subject. Several noted specialists have referred to it in cases where it has caused diseases which came within their special domain.

In a large clinical experience as assistant, then subsequently as house surgeon in the Hospital for Ruptured and Crippled, New York, I had an excellent opportunity for observing the results of phymosis, and since leaving the hospital I find that preputial troubles are proportionally common in private practice.

There are two classes of diseases caused by phymosis :

First, the reflex.

The glans penis is abundantly supplied with sensitive nerves from the dorsal branch of the pudic, which is a branch of the sacral plexus, and from this plexus radiate nerves whose branches cover a large area through which reflex disturbances may be distributed.

Second, a class of diseases caused by faulty nutrition of the parts involved.

By long continued irritation of the glans a spinal irritation is set up through the medium of the sacral plexus. It is well known what effect spinal irritation has on the trophic nerves, so the result is that the nutrition of parts, which in childhood is very active, is now interfered with, and the result may be delayed development or even necrosis of bone and tissue.

Let us consider how great the local irritation may be in a given case of a child six years old.

The prepuce is so tightly contracted that the meatus can not be exposed. After circumcising or dilating the preputial orifice, another obstacle to the retraction of the prepuce is presented; it is found to be adherent in its whole circumference to the glans; this adhesion can be torn loose without bleeding or without much pain; the prepuce being retracted back of the corona we find there lumps of hardened smegma, occasionally as large as grains of corn.

It is no wonder that grave results may follow such condition of things when we consider the sensitiveness of the parts.

One of the most common results of phimosis is general nerve irritation.

The following case, though worse than the average, will illustrate this variety:

A German woman brought her child to me, giving the following history: The child for several years had been very nervous and irritable, its sleep was broken and fitful, every few days he would have a spasm simulating epileptic fits. He had been dosed with anthelmintics time after time, but no worms had appeared. I examined his penis, and, as I expected, I found a tight adherent prepuce which I dilated and stripped back and then found behind the corona lumps of hardened smegma.

The child did not have another nervous spell, his sleep is unbroken, and his general health has improved. Within the past six months I have seen two other cases of the same kind, except that they were not so severe, and the same treatment relieved them both.

When mothers bring male children to me with the diagnosis already made of "worms," I first look for abnormal prepuces, and not finding that, I consider intestinal irritation. It is nearly always the male children that are supposed to have worms.

Another class of cases, from the character of their symptoms, refer the physician at once to the origin of the difficulty—retention of urine or obstinate enuresis. One or the other of these troubles may occur, depending on whether the reflex spasm contracts the muscular coat of the bladder or the cut-off muscle at its urethral orifice. I have frequently seen retention follow as a result of the irritation produced by a circumcision when the operation was performed for the relief of other symptoms.

Occasionally phimosis causes severe tonic spasms of the lower

extremities closely resembling the spasm which takes place in hip disease. The following case came before me in the dispensary of the hospital: Henry W., presented by his mother September 23, 1887; nine years old, nervous temperament, poorly nourished, could not walk. Right leg flexed at hip at 130° , left leg slightly adducted. I could not get a history of hip disease, sprain, bruise, rheumatism, nor were there symptoms of periarthritis. The child had been in this condition for nearly a week, was irritable, but did not complain of pain. I was almost in despair, when the mother told me that he urinated with difficulty. I examined his penis and found an elongated tight prepuce adherent to the glans. I at once circumcised him, and in a few days the spasms disappeared. They disappeared while he was under the anæsthetic, but returned and remained until the inflammatory symptoms following the operation subsided.

Sayer reports several cases of the same kind in his work on orthopedic surgery. Among his cases of this class was a girl in whom the spasms were caused by an elongated clitoris. The records of the Hospital for Ruptured and Crippled show quite a number of other cases of this class.

It is a settled opinion that anterior poleomyelitis is produced by the peripheral irritation of nerves in a majority of cases.

Mary Putnam Jacobi, in *Pepper's System of Medicine*, says: "The traumatic irritation starting from the central extremity of an insulted nerve diffuses itself throughout the cord until it meets with a point of least resistance, and that is most frequently found in the lumbar cord. Might not another explanation be more satisfactorily given for the implication of the lumbar cord? That is, that the lumbar cord is in direct connection through the sacral plexus with the nerves of the penis. It is true that two-thirds of the cases of poleomyelitis are in male children, and though I have gathered no statistics I have noticed that male children affected with this disease generally have phymosis."

Might not epilepsy also be caused by constant nerve irritation from phymosis?

It is almost invariably the case that boys with hip disease have phymosis. My experience with hip disease, which is a large one, has taught me this.

I have no explanation of my own to give, but will refer to what I

said above of the influence of spinal irritation over the trophic nerves. This is Barrwell's explanation. In his classical work on diseases of the joints he says: "In 1873 I began to notice the presence or absence of phymosis in hip disease. One hundred cases showed but six that had normal prepuces. I inquired at the Evelina Hospital, which is largely patronized by Jews, and received information that hip disease there was very rare." He says further that while collecting these cases he found but seventy-four cases in girls, and a large portion of them had vulvitis, vaginitis or protruding nymphae. It might be said against the theory of spinal irritation as a cause of hip disease, that hip disease is now proven to be a tubercular disease. That is true, but as long as the nutrition of a joint is perfect, tubercle bacilli can not injure it, and depressed vitality caused by weakening of the trophic nerves of the part would make a very vulnerable point for the action of the bacilli.

There is another class of cases which a physician of very large special experience attributes largely to the effects of phymosis. Dr. Jarvis, of New York, in an article in the *Journal of Obstetrics and Diseases of Children*, several years ago, said that from the almost constant association of phymosis and hernia in male children he was forced to believe that a relationship existed between them. He gave statistics which were very convincing. I am sorry I can not reproduce them. I read the article but once and could not find it when preparing this paper. He attempted no explanation, but Barwell's explanation of the irritation of the trophic nerves will apply equally to these cases as well as to hip disease—interference with nutrition so as to check development.

I add my testimony to that of Dr. Jarvis that phymosis and hernia are usually associated in male children. It is a significant fact that two-thirds of the cases of hernia in children are in male children.

Besides these cases severe local troubles may arise; a balanoposthitis may be set up under an unretractable prepuce. This is likely to occur, as the parts can not be cleaned and filth accumulates day after day.

Circumcision or dilatation, which in children is a trifling operation, becomes one of more importance in the adult. The prepuce should be loose on the glans as a prophylactic measure against serious complications which may arise in after years in venereal dis-

cases. The physicians who have had patients with sub-preputial chancres or chaneroids with phymosis will appreciate this.

In infants circumcision will rarely be required; the prepuce is very tender and can be very easily dilated with the blades of a small pair of forceps; then, if the mother is directed to retract it daily for some weeks, there need be no further trouble.

Every physician should dilate the prepuce of male children within a few days after they are born. Last Thursday I dilated the preputial orifice of a babe three days old. It was contracted to the size of a pin hole and the prepuce was so firmly adherent to the glans that it had to be loosened with a probe. The child had difficulty in urinating, and as it was very delicate I believe it would have died if it had not received the attention I gave it.

I think circumcision or its equivalent is worthy to be classed as a religious rite. I admire the Jewish custom. It had origin in something deeper than a freak; it is one of the most wholesome religious customs ever followed. As a symbol of true purity and cleanliness it is worthy to rank with baptism.

DISCUSSION.

Dr. T. B. Harvey, of Indianapolis—Mr. President, I have been very much entertained by the reading of the paper. I think it is well whenever we can add anything to science by way of statistics to do so. Last week I was called upon to see a child with double hernia, one year old. The boy was brought to me on account of hernia. I examined the child and found it had a very long prepuce, and a very small opening. Upon inquiry I found that the child had been suffering with enuresis and with pain whenever it would undertake to pass water, which evidently was from the retention urofine around the glans penis, and the child was frequently crying, restless, and so on. Now the point I want to come to is, that the reading of this paper gives me some information that I did not have before, but I thought of it at the time, and that is, that hernia is often found associated with adherent prepuce. In that case, however, I slit it up. I had not tried dilating. I may not have operated sufficiently, but I did not have the confidence in dilatation that I did in slitting. I simply cut one slit far enough back to insure success, and it is remarkable how soon with one simple incision the parts will round up in the course of a few

months and look natural; and hence I call attention to this plan which is suggested as being more successful than dilatation. I have found the prepuce adhere to the glans over at least one-half. You can not cut it off. You must tear it off with your finger nail. I have no doubt that children who suffer with this condition are often nervous and fail to develop, have disease in the extremities and symptoms of spinal affection, hernia, and vesicle tenesmus. I fully approve of the proposition that it is the duty of the accoucheur to look after the male child that is born under his care. It is his business to see, not to wait for the nurse to tell him, that the child is all right or otherwise. It is his business.

Dr. J. W. Milan, Vincennes—Mr. President, if there is a prominent place in the proceedings or transactions of this convention, I trust this paper will be given that place. It is surely as important a paper as has been read during this session, so far as the ground it covers is concerned. Of course it is not on as important a subject, perhaps, as some others, but this is a new idea—at least new to me, and it may be to the profession in general—about the connection between hernia and phymosis. This whole subject of the examination of the penis of little children when we find troubles, especially as the doctor says when we find a ready made diagnosis of worms, is certainly important. Again, I am struck with the thought, that never occurred to me before, that a large majority of the children that are brought to us with a ready-made worm diagnosis are boys. I had not thought of it until I heard this paper read, but now that I think about it, I believe three-fourths of the self-diagnosed worm cases are boys; and that adds to the interest of the subject.

Dr. L. D. Waterman, Indianapolis—Mr. President, I would add to the remarks already made one other, that I had one of the most distressing cases of what was called infantile colic, in which the child cried day and night, and I found it to be dependent upon this very condition of phymosis that was detected by me within a week after the birth of the child. It cried incessantly from the time it was born until it was relieved. I am inclined, in my personal experience, to prefer dilatation to circumcision. I believe in nineteen out of twenty cases there is no trouble in dilating the prepuce and keeping it dilated. I have found adhesion present

right after birth. There is no doubt that this is the cause of a large number of those cases of night screaming and night colics, and while it is very easily relieved, organic changes may be brought about by neglecting that condition.

